

FamilySearch Indexing

West Virginia Births

The forms in this project are of various types, such as:

- Certificate of Birth
- Application for Delayed Certificate of Birth
- Delayed Certificate of Birth

Should you encounter records from a state other than West Virginia, please index them.

WEST VIRGINIA
STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

WEST VIRGINIA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS—CHARLESTON

DELAYED CERTIFICATE OF BIRTH

OF SUPERIOR COURT

WASHINGTON STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
1412 SMITH TOWER, SEATTLE, WASHINGTON

Application for Delayed Certificate of Birth

(to be filed in by person making application for registration of this birth)

Index only whole numbers for the certificate number. Example - 1835

D.V.S. Form 1

WEST VIRGINIA
STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

Do Not Write in This Space

1835½

CERTIFICATE OF BIRTH

MAKE OUT THIS CERTIFICATE OF BIRTH WITH ALL THE FACTS AS THEY WERE FOR THAT YEAR IN WHICH THE CHILD WAS BORN

County where born Manawha
Town
or
City where born Charleston

No. Street 512 Md. Ave. { If birth occurred in a hospital or institution, give its NAME instead of its street and number.

2. FULL NAME OF CHILD

James Edwin Griffith

Please correct the spelling of a county, town, or city using the look-up list. Example – **Mount Clare**

D.V.S. Form 1

WEST VIRGINIA
STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF BIRTH

12
Do Not Write in This Space
2934

MAKE OUT THIS CERTIFICATE OF BIRTH WITH ALL THE FACTS AS THEY WERE FOR THAT YEAR IN WHICH THE CHILD WAS BORN

County where born Harrison
Town
or
City where born MtClare No. _____ Street _____

(If birth occurred in a hospital or institution, give its NAME instead of its street and number.)

If a Town/City is not on the lookup list, index it as written.

Example: **Boggs Run**

D.V.S. Form 1

WEST VIRGINIA
STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS
CERTIFICATE OF BIRTH

MAKE OUT THIS CERTIFICATE OF BIRTH WITH ALL THE FACTS AS THEY WERE FOR THAT YEAR IN WHICH THE CHILD WAS BORN

County where born MARSHALL
Town
or
City where born BOGGS RUN No. _____ Street _____

FULL NAME OF CHILD John Antal, Jr.

Index only the name of the city/town. Do not include words such as "near".
Examples: **Kingston Milton**

Application for Delayed Certificate of Birth

(To be filled in by person making application for registration of this birth)

Application is hereby made for the registration of the birth of Ellen Louisa Mathilda Mathison

(Name at birth)

Female male, whose name now is Ellen L. M. Paddock

(Sex)

now residing at Richmond Beach

(City or town)

(State)

who was born at Kingston Washington on January 23rd, 1908

(City or town)

(State)

(Month, day and year)

and whose birth was attended by Jacobina Hansen

(Doctor or other attendant)

Basic Indexing Guidelines - Type only the name of the place.

Do not include terms as "county of," "county," "resided in,"
"rural," "of," and so on.

For example, type Pleasantview, not "city of Pleasantview."

VIRGINIA

DEPARTMENT OF HEALTH
VITAL STATISTICS

Do Not Write in This Space

2733

CERTIFICATE OF BIRTH

MAKE OUT THIS CERTIFICATE OF BIRTH WITH ALL THE FACTS AS THEY WERE FOR THAT YEAR IN WHICH
THE CHILD WAS BORN

County where born Mason

Town

or

City where born

Country near Milton WVa

No

Street

If birth occurred in a hospital or
institution, give its NAME in-
stead of its street and number.

2. FULL NAME OF CHILD

Hope Gladstone Romaine

Ignore the word "Rural" beside a Town/City name.
Example **Cedar Mountain**

Application for Delayed Certificate of Birth
(To be filled in by person making application for registration of this birth)

Application is hereby made for the registration of the birth of ELMER KENNETH OLSEN
(Name at birth)

a _____ male, whose name now is same

now residing at 308 Mill St. Renton, Wash.
(Street address) (City or town) (State)

who was born at Cedar Mountain (Rural) Wash. on Oct. 4, 1899, 19____
(City or town) (State) (Month, day and year)

and whose birth was attended by Mrs. McDonald, (Mid-wife)
(Doctor or other attendant)

If you see *only* the word "Rural", mark the Town/City field <Blank>.

VS-007-A (3-34)

WEST VIRGINIA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS—CHARLESTON
DELAYED CERTIFICATE OF BIRTH

Do Not Write in This Space
7513

Full name at birth Rose Anna Likens Date of birth July, 26, 1908
(Month) (Day) (Year)

Color or race White Sex Female Birthplace Rural, Wayne County, West Virginia
(City or Town) (County) (State)

Father (Full name) James Floyd Likens Birthplace Kentucky
(State or Country)

Mother (Maiden name) Charity Clark Birthplace West Virginia
(State or Country)

The name of the state may be abbreviated a variety of ways.
Expand abbreviations to: West Virginia

D.V.S. Form 7

WEST VIRGINIA
STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

17
Do Not Write in This Space
2919

MAKE OUT THIS CERTIFICATE OF BIRTH WITH ALL THE FACTS AS THEY WERE FOR THAT YEAR IN WHICH THE CHILD WAS BORN

County where born Laneville W, Va. Tucker County
Town
or
City where born _____ No. _____ Street _____

{ If birth occurred in a hospital or institution, give its NAME instead of its street and number.

2. FULL NAME OF CHILD Nolla Gladys Davis

Sometimes, the county and city information is not in the expected order.

This record would be indexed:

County: Tucker

Town/City: Laneville

State : West Virginia

If no other state is written on the document, use the state pre-printed on the document.

D.V.S. Form 7

WEST VIRGINIA

STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS

CERTIFICATE OF BIRTH

MAKE OUT THIS CERTIFICATE OF BIRTH WITH ALL THE FACTS AS THEY WERE FOR THAT YEAR IN WHICH THE CHILD WAS BORN

County where born Mason
Town
or
City where born Leon No. _____ Street _____

If birth occurred in a hospital or institution, give its NAME instead of its street and number.

2. FULL NAME OF CHILD Verne Herbert Winebrenner

✓ 7
Do Not Write in This Space
2916

Index the name of the principle given at birth.

VS-007-A (3-58)

WEST VIRGINIA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS—CHARLESTON
DELAYED CERTIFICATE OF BIRTH

Do Not Write in This Space
8220

Full name at birth GRACE ALMA SEBATHA PRITT Date of birth 3 - 24 - 1909
(Month) (Day) (Year)

Color or race WHITE Sex FEMALE Birthplace WARD, KANAWHA
(City or Town) (County) (State)

Father (Full name) STEVE McCLELLAN PRITT Birthplace BLUE CREEK, W. VA.
(State or Country)

Mother (Maiden name) NANA PAULEY Birthplace WINIFREDE W. VA.
(State or Country)

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. (To be signed if possible by the person whose birth is to be registered.) NOTE: No changes will be made on this certificate after it has been filed except on the order of a court of competent jurisdiction.

Signature Grace Alma Sebatha Pritt Wey Address 3828 N. 15th Ave apt 3
(If married add married name)

Subscribed and sworn before me on July 9 1968 (Date) Paul (Notary Public) My Commission Expires Dec. 26, 1971
Phoenix, Arizona (Comm. Expires) 85015

APPLICANT—DO NOT WRITE BELOW THIS LINE

Example: **Grace Alma Sebatha Pritt** Do not index a married surname if recorded elsewhere.

Index only the name given at birth.
Example: **Wm Michael Romischer**

Application for Delayed Certificate of Birth

(To be filled in by person making application for registration of this birth)

Application is hereby made for the registration of the birth of Wm Michael Romischer

(Name at birth)

a _____ male, whose name now is William Michael Romischer

Basic Indexing Guidelines - Abbreviated Names

Sometimes names are abbreviated. Type the abbreviation as recorded on the document. Do not guess what the abbreviation stands for. Do not include punctuation used to indicate that the name is abbreviated, such as an apostrophe or a period.

Do not expand abbreviated given names.
Example of Principle: **Wm Roy Kincaid**
Example of Father: **Wm Harvey Kincaid**

Full name at birth	<u>Wm. Roy Kincaid</u>	Date of birth	<u>11</u> - <u>21</u> - <u>09</u>
		(Month)	(Day) (Year)
Color or race	<u>White</u>	Sex	<u>MALE</u>
Birthplace	<u>TORNADO TANAWHA</u>	<u>West VIRGINIA</u>	
	(City or Town)	(County)	(State)
Father (Full name)	<u>Wm. HARVEY KINCAID</u>	Birthplace	<u>PAIGE W. VA</u>
			(State or Country)
Mother (Maiden name)	<u>Florence Bowe</u>	Birthplace	<u>Chelyan W. VA</u>
			(State or Country)

Index terms such as twin, Jr, Sr in the Titles and Terms Field

MAKE OUT THIS CERTIFICATE OF BIRTH WITH ALL THE FACTS AS THEY WERE FOR THAT YEAR IN WHICH THE CHILD WAS BORN

County where born	<u>Grant</u>		
Town or City where born	<u>Pilgrims Rest</u>	No. <u>✓</u>	Street <u>✓</u>
		{ If birth occurred in a hospital or institution, give its NAME instead of its street and number.	
2. FULL NAME OF CHILD <u>Wallace Neel Westfall</u>			
2. Sex of Child	To be answered ONLY in event of plural births:	4. Twin, Triplet, or Other <u>TWIN</u>	6. Were Parents Married to Each Other?
<u>Male</u>		5. Number, in Order of Birth <u>2nd</u>	<u>Yes</u>
		7. Date of Birth of this child <u>Nov. 23</u> 19 <u>10</u> (Month) (Day) (Year)	

MAKE OUT THIS CERTIFICATE OF BIRTH WITH ALL THE FACTS AS THEY WERE FOR THAT YEAR IN WHICH THE CHILD WAS BORN

County where born	<u>Marion</u>		
Town or City where born	<u>Farmont</u>	No. <u>518</u>	Street <u>Walnut ave</u>
		{ If birth occurred in a hospital or institution, give its NAME instead of its street and number.	
2. FULL NAME OF CHILD <u>William Lewis Doolittle, Jr.</u>			
2. Sex of Child	To be answered ONLY in event of plural births:	4. Twin, Triplet, or Other	6. Were Parents Married to Each Other?
<u>Male</u>		5. Number, in Order of Birth	<u>Yes</u>
		7. Date of Birth of this child <u>May 13</u> 19 <u>10</u> (Month) (Day) (Year)	
8. Full Name FATHER		14. Name Before Marriage MOTHER	
<u>William Lewis Doolittle, Sr</u>		<u>Grace Holland</u>	

Do not index the word **Deceased**

Application for Delayed Certificate of Birth

(To be filled in by person making application for registration of this birth)

Application is hereby made for the registration of the birth of **DOROTHY MARGARET WARDELL**

(Name at birth)

a **FE** male, whose name now is **DOROTHY MARGARET BENNETT**

now residing at **Route 11 Box 970** **SEATTLE, WASHINGTON**

(Street address)

(City or town)

(State)

who was born at **SOUTH PARK** **WASHINGTON** on **FEBRUARY 12, 1886**, 19

(City or town)

(State)

(Month, day and year)

and whose birth was attended by **Mrs. Morris, Midwife** and aunt

address unknown (Doctor or other attendant)

now residing at _____

(Present address, if known)

FACTS CONCERNING PATERNITY OF THIS CHILD ARE:

FATHER

Full name **WILLIAM WALLACE WARDELL**
DECEASED

MOTHER

Full maiden name **MARY DAVIS**
DECEASED

Review the entire document to Index the most complete version of the parents' names. Index the parents as: **James Vernon Davis** and **Nona Eveline Bradshaw**

VS-007A

WEST VIRGINIA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS — CHARLESTON
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DELAYED CERTIFICATE OF BIRTH

Do Not Write in This Space
3645

Full name at birth Thomas Jefferson Davis Date of birth Oct. 8 1908
(Month) (Day) (Year)

Color or race white Sex male Birthplace Racine Boone W Va
(City or Town) (County) (State)

Father (Full name) James Davis Birthplace Logan W Va
(State or Country)

Mother (Maiden name) Nona Bradshaw Birthplace Boone W Va
(State or Country)

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. (To be signed if possible by the person whose birth is to be registered.)

Signature Thomas J. Davis Address Hairdale - W Va

Subscribed and sworn before me on 8-20-1942 C. G. Williams
APPLICANT—DO NOT WRITE BELOW THIS LINE. Notary Public

Abstract of Supporting Evidence

Name and kind of document (including by whom issued and signed, and date of issue)	Date Original Document Was Made
1. <u>Affid. of the Father, James Vernon Davis.</u>	<u>May 1, 1941</u>
2. <u>Birth Rec. of Applicant's Child, W. Va. DVS. #14765</u>	<u>April 8, 1937</u>
3. <u>W. Va. Operator's License, #196422, Prev. #337080</u>	<u>Before 1937</u>
4.	

Information Concerning Registrant as Stated in Document

Birth Date or Age	Birthplace	Name of Father	Full Name of Mother
1. <u>Oct. 8, 1908</u>	<u>Racine, W. Va.</u>	<u>James Vernon Davis</u>	<u>Nona Eveline Bradshaw</u>
2. <u>Age 28 yrs.</u>	<u>Boone Co. W. Va.</u>		
3. <u>Oct. 1908</u>			

For a Delayed Certificate of Birth, index the principle's information only from the "original" documentation. Do not index information for the principle from the supporting evidence or other areas of the document.

VS-007-A (3-58)

WEST VIRGINIA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS—CHARLESTON
DELAYED CERTIFICATE OF BIRTH

Do Not Write in This Space
7826

Full name at birth MARIA FONDRISI Date of birth 6th 20th 1909
(Month) (Day) (Year)

Color or race White Sex Female Birthplace Berwind, McEwell, West Virginia
(City or Town) (County) (State)

Mother (Maiden name) JOSEPHINE ARENA Birthplace Italy
(State or Country)

I hereby declare upon oath that the above statements are true to the best of my knowledge and belief. (To be signed if possible by the person whose birth is to be registered.) NOTE: No changes will be made on this certificate after it has been filed except on the order of a court of competent jurisdiction.

Signature Josephine Arena Address 1031 Duncan St
Subscribed and sworn before me on April 11-1966 (Date) Josephine Corfano (Notary Public) March 30-1968 (Comm. Expires)

Term Expires March 30, 1968

APPLICANT—DO NOT WRITE BELOW THIS LINE

Abstract of Supporting Evidence

Name and kind of document (including by whom issued and signed, and date of issue)	Date Original Document Was Made
¹ Affidavit of Aunt, Santina Arena, age 72 yrs.	April 11, 1966
² Statement of Attending Physician, Dr. J. Louis McCarty, M.D.*	June 20, 1909
³ Baptismal Certificate, Church of Madonna del Carmine-Roman*	August 13, 1909
⁴	

Information Concerning Registrant as Stated in Document

Birth Date or Age	Birthplace	Name of Father	Full Name of Mother
¹ June 20, 1909	Berwind, W. Va.	John Fondrisi	Josephine Arena
² June 20, 1909	Berwind, W. Va.	John Fondrise (sic)	Josie Fondrise (sic)
³ June 20, 1909		John Fondrisi	Josephine Arena
⁴			

When the mother's maiden name and married name are both recorded, index only the mother's maiden name in the surname field. Example: **Eliza J Lester**

WEST VIRGINIA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS — CHARLESTON
DELAYED CERTIFICATE OF BIRTH

Full name at birth William F. Athey Date of birth _____

Color or race white Sex Male Birthplace Matwille
(City or Town)

Father (Full name) Charles A. Athey Birthplace _____

Mother (Maiden name) Eliza J. (Lester) Athey Birthplace _____

VS-007-A (3-58)

WEST VIRGINIA STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL STATISTICS—CHARLESTON
DELAYED CERTIFICATE OF BIRTH

Full name at birth Emma Etta Cottrell Date of birth _____

Color or race W Sex F Birthplace Frozen Run,
(City or Town)

Father (Full name) Tom Cottrell Birthplace _____

Mother (Maiden name) Jane Cottrell (nee) Birthplace _____

I hereby declare upon oath that the above statements are true to the best of my knowledge if possible by the person whose birth is to be registered.) NOTE: No changes will be made has been filed except on the order of a court of competent jurisdiction.

Signature Emma Etta Nicholas Address _____
(If married add married name)

Subscribed and sworn before me on 8-5-1966 Vernia Poling
(Date) (Notary Public)

APPLICANT—DO NOT WRITE BELOW THIS LINE

Nee indicates a maiden name. In this example, Cottrell is the mother's maiden name. Cottrell is also the father's surname.

Index the date that is written on the document.

Application for Delayed Certificate of Birth
(To be filled in by person making application for registration of this birth)

Application is hereby made for the registration of the birth of Hattie Regina Fatland
(Name at birth)
female, whose name now is Hattie Fatland Anderson,
now residing at R 2 Bothell Wash.
(Street address) (City or town) (State)
who was born at Ballard Wash. on Sept. 28, 1996,
(City or town) (State) (Month, day and year)
and whose birth was attended by Mrs. L. O. Hendricks

For this document, the date is **1996**